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ABSTRACT

This study examined the occurrence of high and low risk self-disclosure in 12 therapy groups. Eight groups were conducted for clients served by a community mental health center on an out-patient basis, and four groups were composed of extremely maladjusted in-patient clients at a state hospital. The Group Interaction Profile, an instrument which yields ratings of each member's verbalizations, was used as the dependent measure. As expected, the results demonstrated that all of the groups engaged in significantly more low than high risk self-disclosure. However, groups of institutionalized subjects emitted a greater proportion of high risk self-disclosure verbalizations than groups of non-institutionalized subjects. Related clinical implications were discussed. (Author)

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HIGH AND LOW RISK SELF-DISCLOSURE IN GROUP PSYCHOTHERAPY¹

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A burgeoning empirical and conceptual literature is developing for the construct labeled self-disclosure. A number of theoretical papers written by clinicians engaged in therapeutic intervention in the group context have previously exhorted the critical significance and impact which group member self-disclosure has upon both group development and outcome (Berger and Anchor, 1970; Stoller, 1968). However, in view of the paucity of sophisticated and reliable and dependent measures for assessing actual self-disclosure, the great majority of empirical work dealing with self-disclosure in groups has treated the construct as unitary and indivisible. Consequently, many studies have been limited insofar as they have evaluated the occurrence (or non-occurrence) of self-disclosing verbalizations with no further discrimination or differentiation.

The present study examined the extent to which it would be appropriate and feasible to distinguish between high and low risk self-disclosure in therapy groups independent of level of adjustment characteristic of member functioning. It was expected that those member verbalizations which were of a personal group-related nature would occur less frequently than personal group-unrelated statements due to the high risk value of the latter material.

METHOD

Twelve therapy groups with 7-9 members each were included in the study. Eight groups were composed of moderately maladjusted clients served at a community mental health center (N = 71; 44 females and 27 males), and four

groups were composed of extremely maladjusted institutionalized clients at a state hospital (N = 34; 20 females and 14 males). The last hour of the third session was rated for each group. Four groups were rated from videotape, six from audiotape, and two from transcriptions. The Group Interaction Profile (Anchor, 1973; Anchor, Vojtisek and Patterson, 1973), which discriminates between different types of self-disclosing verbalizations, was used as the dependent measuring instrument. Two experimentally naive raters were responsible for Group Interaction Profile scoring with which they achieved an 86% rate of interjudge agreement.

RESULTS AND DISCUSSION

Results indicated consistency across groups in relative avoidance of personal group-related self-disclosure (high risk) in comparison to personal group-unrelated self-disclosure (low risk). The proportion of amount of time spent with members engaged in high risk self-disclosure ranged from 6-14% of the session. A series of chi-square analyses revealed significantly greater occurrence of low risk than high risk self-disclosing utterances across all groups. Further analysis demonstrated that while there were no differences among groups of moderately maladjusted subjects based on proportions of high ($z = 1.30$, ns) and low ($z = 1.12$, ns) risk group member self-disclosure, there were differences between moderately and severely maladjusted groups (see Table 1). High risk self-disclosure was more charac-

Insert Table 1 about here.

teristic of severely maladjusted groups than moderately maladjusted groups ($z = 3.92$, $p < .05$).

The findings indicate that it is both feasible and important to draw a distinction between high and low risk self-revelation in group psychotherapy. The psychological vulnerability of group members appears to be perceived by members as a function of both the amount and quality of their own self-disclosing utterances. Further, this study's data provide preliminary evidence that institutionalized patients may be less capable of discriminating between high-low appropriate-inappropriate types of verbalized self-revelation.

There are a number of alternate hypotheses which may explain why the greatest proportion of member self-disclosure occurred in the severely maladjusted groups. This finding may have been due to the fact that chronic patients having had so much therapy over such a long period of time have become "therapy-wise" and have learned that a great deal of personal candor, sharing, and openness typically elicits reinforcement from group therapists. Perhaps such patients have greater needs to be approved of by significant others and indulge in self-disclosure in order to receive attention. Severely disturbed institutionalized patients who have been removed from society may experience greater psychological stress and discomfort, and consequently approach the task of therapy from a more vulnerable starting point. Somewhat more consistent with the schizophrenia research literature (Zimet and Fishman, 1970) is the hypothesis that many chronic patients are characterized by an inability to discriminate between appropriate and inappropriate classes of (self-disclosure) material. The author prefers the latter explanation, though it is conceivable that each of the other interpretations are also operative in varying degrees. With a decade of increasingly sophisticated and relevant self-disclosure research and

polemical exchange behind us, the time has arrived to progress beyond the transparent self. We are now able to recognize that to say of self-disclosure "the more the better" is only true and acceptable up to a point in clinical work settings. Clearly there are levels of transparency, some of which are discriminably less appropriate for public sharing than others. The question which asks, "When does transparency become maladaptive and inappropriate leading to psychological nudity?" requires an answer. Conceivably, group therapists working with extreme deviant populations should consider assisting patients to differentiate among those content areas which should be kept private and those which are appropriate for public sharing. Just as there appears to be a threat value in certain forms of self-disclosing, there may also be a corresponding shock value in listening to such material. Recent social psychological research (Derlaga and Chaikin, 1974) suggests that many persons are not receptive to being overwhelmed by inappropriately intimate disclosures in dyadic transactions. It is quite likely that the same is true in the group context.

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TABLE 1

Summary of GRIP Data for All Groups

		$\bar{X}$ Number Self-Disclosing Verbalizations	$\bar{X}$ High Risk Self-Disclosing Verbalizations	$\bar{X}$ Low Risk Self-Disclosing Verbalizations
Non-Institutionalized <u>S</u> 's (8 groups)	97.2	41 (42.1%)	13 (13.3%)	28 (28.8%)
Institutionalized <u>S</u> 's (4 groups)	109.6	63 (57.5%)	29 (26.5%)	34 (31.0%)

FOOTNOTES

¹A slightly modified version of this paper was presented at the annual meeting of the Midwestern Psychological Association in Chicago, May, 1974. Assistance rendered by Kay Wildman for managing the preparation of this paper is greatly appreciated.

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